



Washington State
Department of Social
& Health Services

終止工作
STOP WORK

CSO/WORKER NAME / 社區服務辦事處/工作人員姓名

TELEPHONE NUMBER / 電話號碼

CLIENT IDENTIFICATION NUMBER / 客戶識別卡號碼

DATE / 日期

Section 1: Fill out this section before taking it to your job that has ended.

第一欄：在將此表格交到 停止工作的單位之前，請填寫此欄。

By signing here, I give my permission to my employer to complete this form for the Department of Social and Health Services. (本人在此簽字，許可我的 主填寫這張社會福利服務部的表格。)

SIGNATURE / 簽字

DATE / 日期

PLEASE PRINT YOUR NAME HERE / 請在這裡工整地填寫您的姓名

NAME OF COMPANY / 公司名稱

COMPANY ADDRESS: STREET ADDRESS / 公司地址：街道名稱與門牌號碼

CITY / 城市

STATE / 州

ZIP CODE / 郵遞區號

Section 2: The person in the company who knows the employment and pay information fills out this section.

第二欄：由公司中瞭解該名 員和薪資資訊的人填寫此欄。

1. What was the last date that the employee worked? _____

2. Amount of final paycheck (before taxes): \$ _____ Date received: _____

List the amounts (before taxes) and dates received for other paychecks received in the same month as the final paycheck:

AMOUNT RECEIVED (BEFORE TAXES) DATE RECEIVED

\$ _____

\$ _____

\$ _____

\$ _____

3. Why did this job end?

☐ Lack of work ☐ Job was temporary/seasonal ☐ Laid off

☐ On leave (such as leave of absence or maternity leave). Is it: ☐ Paid ☐ Unpaid

If paid, how much is the employee paid: \$ _____

When is the employee expected to return? _____

☐ Other: _____

4. Will the employee receive any severance pay? ☐ yes ☐ No

IF YES: When will it be received? _____ How much will it be? \$ _____

5. Can the employee cash out vacation/sick pay? ☐ yes ☐ No

IF YES: When will it be received? _____ How much will it be? \$ _____

6. Can the employee withdraw retirement/pension/401K funds? ☐ yes ☐ No

IF YES: When will it be received? _____ How much will it be? \$ _____

Please provide the following in case we need to contact you:

SIGNATURE

DATE

TELEPHONE NUMBER

PRINT YOUR NAME HERE

POSITION/TITLE